

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004275

1. Entity Name

HOLIDAY COURT, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90116 039 ***150.00

Principal Place of Business

Mailing Address

~~352 LENELL RD.~~
~~FT. MYERS BEACH FL 33931~~

~~352 LENELL RD.~~
~~FT. MYERS BEACH FL 33931 4819~~

2. Principal Place of Business

1240 ESTERO BLVD.

3. Mailing Address

1318 LAFAYETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH, FL

City & State

CAPE CORAL, FL

Zip

33931

Country

USA

Zip

33904

Country

USA

4. FEI Number

65-0890806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, CHRISTINE F.~~
~~1105 CAPE CORAL PKWY EAST, STE C~~
~~CAPE CORAL FL 33904~~

Name

THOMAS W. HILL

Street Address (P.O. Box Number is Not Acceptable)

1318 LAFAYETTE ST.

City

CAPE CORAL, FL

Zip Code

33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Thomas W. Hill

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-21-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PECNIKOVA, KATERINA
CITY-ST-ZIP 352 LENELL RD.
FT. MYERS BEACH FL 33931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katerina Pecnikova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-00 941-549-2444

CR29034 (3/99)